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SIPDIS

FROM BRAZZAVILLE EMBASSY OFFICE

DEPT FOR AF/C, AF/RSA, IO, AND EB
IO FOR AS SILVERBERG, DAS MILLER, IO/TANN BLACKWOOD
AF FOR FRAZER
DEPT PLEASE PASS HHS FOR DR. WILLIAM STEIGER
PARIS FOR AFRICA WATCHER
GENEVA FOR HEALTH ATTACHE

E.O. 12958: N/A

TAGS: [PREL](#) [EFIN](#) [AMGT](#) [OTRA](#) [OVIP](#) [CF](#)

SUBJECT: CONGO/B: ISSUES OF WHO COST EFFECTIVENESS
IN AFRICA RAISED AFTER HHS DELEGATION VISIT

REFS: (A) State 132012, (B) Kinshasa 001172

[1](#)1. This cable is a revised version of Kinshasa
[1](#)1256.

[1](#)2. SUMMARY: After the recent visit of a high-level delegation from the U.S. Department of Health and Human Services (HHS) to the World Health Organization (WHO) Regional Office for Africa (AFRO) in Brazzaville, a senior professional staff member of AFRO told the Charge' d' Affaires that there is an urgent need to examine the cost and operational effectiveness of WHO in the entire Africa region. He said the lack of a supportive infrastructure in Brazzaville, the absence of a managerial focus on cost effectiveness, high staff salaries and benefits, and the high cost of the travel required to manage regional programs mean that WHO/AFRO spends most of the billions of dollars allocated to it on administrative support requirements rather than on health programs in the countries of the region. Because of the influence of national and sub-regional politics and a prevailing culture within WHO/AFRO of strict loyalty to the boss (not chosen by the WHO Director-General in Geneva but elected by African member state governments to a once-renewable five-year mandate), he concludes that donor organizations like the U.S. Government must strictly scrutinize how WHO/AFRO uses donated funds, hold senior officials accountable to follow clear budgetary guidelines and, if necessary, press for structural reform within the WHO financial management system. End Summary.

[1](#)3. During the course of a three-day working visit to Congo-Brazzaville July 25-27, 2005, Dr. William [1](#)R. Steiger, Special Assistant to the Secretary of the U.S. Department of Health and Human Services (HHS), who has served as the U.S. Government Representative to the WHO Executive Board, and his three-person delegation were hosted by the WHO Regional Office for Africa and the U.S. Embassy. In a partnership arrangement with the Embassy, Dr. Luis [1](#)G. Sambo, Director of the Regional Office, and his staff organized the program and provided transportation for the delegation. The Embassy provided diplomatic and administrative support. The members of Dr. Steiger's delegation included Dr. Samuel Adeniyi-Jones, Director, Africa Region, HHS Office of Global Affairs (OGHA); Mr. Joseph Grogan, Executive Director, Presidential Advisory Council on HIV/AIDS (PACHA); and Mr. R. J. Benn, International Health Officer, HHS/OGHA. Charge' d' Affaires [1](#)Ollie [1](#)P. Anderson, Jr. and/or Econ/Cons Officer Chelsea Bakken accompanied the delegation during most of its visit.

[1](#)4. Upon arrival in Brazzaville on the evening of 25 July, the delegation accompanied Charge' Anderson to a South African Embassy reception and later to dinner hosted by the U.S. Embassy at a local restaurant. Most of the following day was spent in briefings given by Dr. Sambo and his senior staff at the Brazzaville WHO Regional headquarters. Dr. Sambo and his team outlined WHO/AFRO's ten-year strategic plan, which included more delegation of authority and responsibility to five teams organized geographically at the inter-country level and charged to work more closely with other regional groups, national governments, and to develop public-private partnerships. (COMMENT: In part, space considerations in Brazzaville drive the decentralization policy - while the planned moves track the vision outlined by WHO Director-General J. [1](#)W. Lee to place more technical expertise at the country level, the WHO/AFRO staff grew considerably

during its exile in Harare, Zimbabwe, and Dr. Sambo simply does not have enough space in his nearly 60-year-old building on the Brazzaville campus to bring all of the WHO/AFRO professionals to the Congo. END COMMENT.)

15. Some interesting statistical data was interspersed within the briefings. The incidence of HIV/AIDS infection in women between the ages of 15 and 24 is three-to-five times higher in Africa than among their male counterparts. The infant mortality rate in Africa is 100 to 110 per 1000 births, and an estimated 15 percent of African children are malnourished. Conspicuous by its absence from the briefings was a list of significant health related achievements in the region. During the briefings, Dr. Steiger expressed to Charge' Anderson his interest in the cost effectiveness of the WHO/AFRO regional programs given the large share that goes to Africa of the WHO's global budget (22 percent of which comes from the United States).

16. Two days after the departure of the HHS delegation, one of the senior staff members of WHO/AFRO, to whom Charge' Anderson had given his business card, made a follow-on contact with the Charge'. A lunch meeting was arranged for Saturday, July 30, 2005. This senior staff member, who prefers to remain anonymous, said that donor organizations should raise questions regarding the cost effectiveness of WHO operations in Africa. Brazzaville, he said, lacks the infrastructure (roads, air travel facilities, reliable electricity, trained personnel, etc.) to support a cost effective operation. Air travel in the region is very expensive, and some of the 46 countries covered by AFRO are totally inaccessible by air from Brazzaville. (COMMENT: As in much of West and Central Africa, the quickest route from Brazzaville to neighboring countries is often to fly up to Europe and back down. (END COMMENT.) Information technology (IT) operations, for example, would cost less if based in South Africa. Local procurement options are limited and expensive in Brazzaville because everything is imported. (NOTE: As reflected in the U.S. Government per diem rates, international surveys perennially rate both Brazzaville and Kinshasa as among the most expensive cities in the world. Brazzaville is ranked the fourth most expensive city in the world. END NOTE.) Program materials and office supplies are often sent by DHL to and from Brazzaville to support regional programs. Local staff salaries are higher in Brazzaville, he said, than in some other African countries and the caliber of work is often substandard. (He said about 300 of AFRO's 500 staff members are local hires, which is a significant boon to the Congolese economy). Staff members are entitled to a one-week paid vacation at frequent intervals and travel to selected destinations such as South Africa, Kenya, or Ethiopia at WHO's expense. During an emergency evacuation of family members in 2002, he said WHO/AFRO paid an allowance (DSA) of \$100 per day to family members. The emphasis, he said, is on job security, not program effectiveness. (COMMENT: The physical location of the campus is also precarious. Only one bridge links the site to the rest of Brazzaville, and cutting that link in an outbreak of civil unrest would completely isolate the whole compound. Because of the isolation and poor condition of Brazzaville's infrastructure, the WHO/AFRO campus must maintain, at great expense, its own power and water sources, and has 46 villas and more than 70 apartments for professional staff, who live on-site. END COMMENT.)

16. Because of national and sub-regional politics and a prevailing culture of deference to the boss (not chosen by the WHO Director-General in Geneva as previously stated, but elected by African member state governments to a once-renewable five-year mandate), he said management at the Regional Office has not addressed these issues. Those who raise such issues are considered disloyal, and/or radical, and would be forced out of the system. There is an auditing process in place to monitor financial transactions, he said, but there is no inspection process in place to monitor cost and operational effectiveness within the system. Thus, he concludes that donor organizations like the U.S. Government have a vital oversight role to play. They must strictly scrutinize how WHO/AFRO uses funds, hold senior WHO officials accountable to follow clear budgetary and spending guidelines, and, if necessary, press for structural reform within the

WHO financial management system.

17. COMMENT: Clearly, no one today would choose Brazzaville for the regional headquarters of a major international organization. In the pre-independence 1950's, however, when the French Government offered the land and buildings outside the capital of its West-Central African territories and the wartime redoubt of General DeGualle, the other colonial powers that made up the WHO/AFRO region at the time saw no reason to refuse the generosity. Despite the expense and inconvenience of the present site, re-establishing the regional office somewhere else would not be cheap (as the organization found out when it abandoned Brazzaville for Harare during the 1997 Congolese war). The previous regional director had an opportunity to move the office permanently, but made the decision to return to Brazzaville. Given the reality that the WHO has re-invested in its Brazzaville campus at great cost, the disclosures made in this report require further investigation and corroboration. Post and HHS believe this is a credible and accurate report of the observations of a professional staff member with many years of service with WHO/AFRO. He discussed these matters freely without any expectation of personal gain. Thus, this information can serve as a reliable indicator of where some of the bones might be buried as this issue is revisited in the future.

18. Brazzaville Embassy Office - Anderson

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